

HYPERTROPHIC CARDIOMYOPATHY – OWNER FORM



Langford

VETERINARY SERVICES

Diagnostic Laboratories

Churchill Building

Langford House

Langford, Bristol BS40 5DU

Tel: 0117 928 9412 Fax: 0117 928 9613

email: lvs-mail@bristol.ac.uk

LAB USE ONLY

LAB No.....

Date Received.....

Hypertrophic Cardiomyopathy Genetic Mutation PCR Test

Owner's Name Tel.....

Address

Post code

Cat's full registered name

Microchip No

Registration No Registering body

Breed Colour

Sex Date of birth

PLEASE SUBMIT A BUCCAL SWAB

Please note that it is important to submit a satisfactory swab. For instructions on the type of swab to use and a demonstration of how to collect a sample please see our website http://www.langfordvets.co.uk/lab_pkdsampling.htm

Date Collected

Date Sent

Please complete this section (the RCVS requests that we inform your veterinary surgeon of the result).

Veterinary Surgeon

Practice Name

Practice Address

Tel No

Fax No

I declare that the cat presented for sampling is the cat described above, and that the particulars provided are correct. I agree that the information obtained from the screening may be used for statistical and research purposes which may be published. I understand that samples submitted in this way will not be eligible for entry onto the FAB HCM negative register.

Date Signed (Owner/Agent)

**FULL PAYMENT MUST ACCOMPANY THE SAMPLE : £28.20 (inc VAT) per sample
PLEASE INCLUDE A SELF-ADDRESSED ENVELOPE FOR RETURN OF RESULTS**

PLEASE make cheques payable to Langford Veterinary Services

Promotional code: